



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

Open Doors Financial Assistance Application

PRIMARY ADULT (please print legibly)

First & Last Name _____ Date of Birth _____ Phone _____

Address (include apt # if applicable) _____

City _____ State _____ Zip _____

Email _____

Are you age 65 or over? Yes No

SECOND ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

THIRD ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

DEPENDANTS/ADDITIONAL MEMBERS (living in same household)

First & Last Name _____ Date of Birth _____

First & Last Name _____ Date of Birth _____

First & Last Name _____ Date of Birth _____

First & Last Name _____ Date of Birth _____

First & Last Name _____ Date of Birth _____

First & Last Name _____ Date of Birth _____

WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?

Individual Family Senior Family Single Parent Family Other _____

The maximum amount that I can pay per month is \$ _____ (required)

WHAT TYPE OF PROGRAMS ARE YOU APPLYING FOR?

(if applying for membership only, this section is not required to answer)

Y Early Learning (age 3 & 4)

Participants Name(s) _____

Afterschool Program (ages 5-12)

Participants Name(s) _____

Summer Camp, any other camp programs (ages 5-15)

Participants Name(s) _____

Youth Sports (ages 4-15 depending on the sports)

Participants Name(s) _____

Swim Lesson (age 6mo+)

Participants Name(s) _____

Other Programs Program Name: _____

Participants Name(s) _____

HOUSEHOLD INCOME

All personal information will be kept confidential and secure. Please provide the following pieces of information:

1) Copy of your Driver's License and 2) A letter explaining your situation and reason for application

Please provide two of the following pieces of information:

1. Most recent tax return 2. Two of the most recent paycheck stubs OR

*** Award (SSI) Letter (** Only document needed**)**

ADDITIONAL INFORMATION

If applying for assistance for childcare or day camp, are you working or studying at least 20 hours per week? Yes No

****Application valid for 1 year only (_____) Initial here.**

SUPPORTING THE Y

Financial assistance is made possible through the generosity of donors and members. Are you willing to share your YMCA story to the help support the YMCA's fundraising campaigns? Yes No

CERTIFICATION OF INFORMATION

I certify that the information listed on this form is correct to the best of my knowledge. I understand that the YMCA of Greater Charleston is a non-profit organization, and that financial assistance is made possible through the generosity of donors and members. I understand that financial assistance will be awarded on a first-come, first-serve basis. I agree to notify the Y if my financial situation improves, so that my financial assistance can be re-evaluated. Thus, providing more requests requires updated financial information. I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to the revocation of my financial assistance or termination of membership.

Please note that your approval rate is pending verification from our management team.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Date _____ Household adjusted gross income \$ _____

Membership type: _____ Full rate for membership type requested \$ _____

Qualified rate per income chart \$ _____ Approved discount percentage _____

Processor Name _____ Signature _____ Date _____

Executive Director/CEO Signature _____ Date _____